Office of Labor-Management Standards Washington, DC 20210

U.S. Department of Labor RETURN TO ME FORM LM-30

LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

| F | or Official Das Only |
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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

| File Number U - 2097 | 2. Fiscal Year Covered From: | |
|---|--|--|
| | 1/1/2004 Through: 12/3/2004 | |
| Name and address of person filing. | Name, file number, and address of labor organization. | |
| Name Robert C Lumley | Name UNITED TRANSPORTATION UNION LOCAZITI | |
| | Labor Organization File Number 005-652 | |
| P.O. Box, Bldg., Room No., if any | P.O. Box, Building and Room Number, if any P.O. Box 2104 | |
| Street 403 BURR DAK DR | Street 2 413 - LAICKING PAINS | |
| City OSW690 | City AURONA | |
| State 144 Nois ZIP Code +4 60543 | State ± ZIP Code + 4 60507 | |
| Position in labor organization. Local Challma | | |
| Held an interest in, engaged in transactions (including loans) with, conetary value from an employer whose employees your organize Name and address of Employer (including trade name, if any). | | |
| (except as specified in the except as specified in the except an interest in, engaged in transactions (including loans) with, nonetary value from an employer whose employees your organize. Name and address of Employer (including trade name, if any). | or derived income or other economic benefit of cation represents or is actively seeking to represent. | |
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| | or derived income or other economic benefit of cation represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income. | |
| (except as specified in the except as specified in the except an interest in, engaged in transactions (including loans) with, nonetary value from an employer whose employees your organizer. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street | or derived income or other economic benefit of cation represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income. | |
| (except as specified in the except as specified in the except an interest in, engaged in transactions (including loans) with, nonetary value from an employer whose employees your organize. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City ZIP Code + 4 | or derived income or other economic benefit of cation represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income. | |
| (except as specified in the except as specified | or derived income or other economic benefit of eation represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. Signature or of Perjury and other applicable penalties of the law, that all of the information panying documents), has been examined by the signatory and is, to the best of the | |

| Name | nf | Person | Filing |
|---------|-----|----------|------------|
| 1401110 | 0.0 | I GIOCHI | 1 11111111 |

File Number U- 2097

| Name and address of Business (including trade name, if any). | 9. Business deals with: | |
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| lame | | |
| rade Name, if any: | a. Labor Organization | |
| O. Box, Bldg., Room No. III any | b. Trust | |
| treet | c. Employer | |
| ity | | |
| ziP Code + 4 | | |
| 0. If 9.b. or 9.c. is checked give trust or employer's name. | 11.a. Nature of such dealing. | |
| lame | | |
| Frade Name, if any: | | |
| P.O. Box, Bldg., Room No., if any | | |
| Street | | |
| City | 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. | |
| To reclaim the second s | | |
| | | |
| | 12.b. Amount. | |
| Received from any employer (other than an employer covered or from any labor relations consultant to an employer any payment of r | d under parts A and B above) money or other thing of value. | |
| | 14.a. Nature of payment. | |
| Name and address of Employer or Labor Relations Consultant (including trade name, if any) | | |
| (including trade name, if any). | | |
| (including trade name, if any). | | |
| (including trade name, if any). Name Trade Name, if any: | | |
| (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any | | |
| (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any | | |
| (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street | | |
| 3.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City ZIP Code + 4 | | |